



STATE OF TENNESSEE
BUREAU OF TENNCARE
DEPARTMENT OF FINANCE AND ADMINISTRATION
310 GREAT CIRCLE ROAD
NASHVILLE, TENNESSEE

This notice is to advise you of information regarding the *TennCare Pharmacy Program*.

Please forward or copy the information in this notice to all providers who may be affected by these processing changes.

In the coming months, several new edits will be implemented within the TennCare Pharmacy Program. With a number of changes that will directly impact providers being implemented for the *TennCare Program*, we encourage you to read this notice thoroughly and contact the First Health Technical Call Center at 866-434-5520 should you have additional questions.

Pharmacy Short List Update:

Effective September 12, 2005, Hepatitis B Immune Globulin (HBIG) will be added to the Pharmacy Short List. Therefore, HBIG will not count towards the monthly prescription limit of five prescriptions but may require a co-pay from some recipients. Please visit the First Health / TennCare website to download a new copy of the Pharmacy Short List at <https://tennessee.fhsc.com/providers/documents.asp>.

New Criteria for oxycodone SR and methadone:

New clinical criteria will be implemented around oxycodone SR and methadone effective October 1, 2005. Prior authorization will be required for all oxycodone SR and methadone prescriptions. These clinical edits are designed to provide appropriate and effective pain management and to protect against fraud and abuse of these highly publicized medications. Please visit the First Health / TennCare website to download a copy of the new criteria at <https://tennessee.fhsc.com/providers/documents.asp>.

Unit of Measure:

In order to reduce errors in billing units, the incoming Unit of Measure Field (~~6000~~-28) will be compared at POS with the values listed on the First DataBank® drug form field. The acceptable values are: EA (each), GM (gram), and ML (ML). Effective December 1, 2005, claims where the submitted Unit of Measure value does not match the First DataBank® drug form field, the claim will deny with the NCPDP Denial Code of "PZ - Non-Matched Unit of Measure to Product/Service ID". Please contact your software vendor to ensure that you are sending the appropriate value in this field.

Exceptions:

- Compounded prescriptions, submitted in the NCPDP 5.1 Multi-Ingredient Compound format, will not be subject to this edit.

Drug-Drug Interactions:

In order to reduce the risk of potentially harmful effects of Drug-Drug interactions, effective October 1, 2005, specific Drug-Drug interactions, that have been identified as potentially dangerous and well documented, will deny at POS. When an interaction is identified, the claim will deny with the NCPDP denial code of "88-DD – Drug-Drug Interaction".

Exceptions:

- Those Drug-Drug Interactions not specifically identified to deny, will continue to return a soft edit message identifying the detected interaction.

Prescriber Last Name:

In order to confirm that a valid prescriber exists for each prescription, the incoming Prescriber Last Name Field (427-DR) will be compared to the Last Name on file in the First Health system, based upon the DEA submitted for that prescriber at POS. Effective November 1, 2005, submitting the prescriber's last name will be required to adjudicate a pharmacy claim. In cases where the submitted Prescriber Last Name does not **exactly** match the Last Name on file, the claim will deny with the NCPDP Denial Code "DR – M/I Doctors Last Name". Please ensure all claims submitted for TennCare patients contain the proper information in this field. Please update your system with the correct spelling of the prescriber's name. Providers may need to contact their software vendor to ensure that this field is being transmitted on each claim.

Exceptions:

- A table of exceptions will be created to bypass this edit. This table will consist of DEA numbers for Hospitals, Clinics, and other settings where residents and interns, without unique DEA numbers, practice under the DEA number of the facility.

Grandfathering Schedule:

If your patient is on a medication that needs to be changed, please do so before the grandfathering for that medication expires. If there is a clinical reason a patient is unable to be changed to a preferred product, please request a prior authorization through First Health's Clinical Call Center prior to the end of the grandfathering period.

Grandfathering schedule for medications that are being removed from the PDL: TennCare will grandfather the following lists of medications that are being removed from the PDL. However, if there is an existing prior authorization in place for that medication, the PA will remain active through the current expiration date. **Please inform your patients who are on one of these medications that switching to a preferred medication will decrease delays in receiving their medications.** Also, encourage the recipients to talk with their prescriber about switching to a preferred medication in that respective class of drugs. Please attempt to process prescriptions for these medications as your patients may have previous Prior Authorizations in place for these medications.

Grandfathered Medications for Which Coverage Is Expiring on 9/30/05
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ANALGESICS**NSAIDS**

ANAPROX DS®

EC-NAPROSYN®

INDOCIN SR®

LODINE XL®

MECLOMEN®

VOLTAREN®

LONG ACTING NARCOTICS

AVINZA®

CARDIOVASCULAR**ACE INHIBITORS**

ALTACE®

MOEXEPRIL

ACE INHIBITORS/DIURETIC COMBINATION

ACCURETIC®

UNIRETIC®

BETA BLOCKERS

INDERAL LA®

CCB (DHP)

ADALAT®
CCB (NON-DHP)
CALAN SR®
ISOPTIN SR®

CARDENE SR®

CARDIZEM CD®
TIAZAC®

LIPOTROPICS

HIGH POTENCY STATINS
TBD – STILL PENDING
STATINS
PRAVACHOL®

ANTIPSYCHOTICS

TYPICALS*
HALDOL®
MELLARIL®
PERMITIL®
STELAZINE®

LOXITANE®
NAVANE®
PROLIXIN®
THORAZINE®

BENZODIAZEPINES

FLURAZEPAM

ANTIDEPRESSANTS

SSRI'S*
CELEXA®
PAXIL®
SARAFEM®

NEW GENERATION, OTHER*
DESYREL®
REMERON SOLTABS®
WELLBUTRIN SR®

TRICYCLICS*
ANAFRANIL®
AVENTYL®
NORPRAMIN®
SINEQUAN®
TOFRANIL®

LUVOX®
PROZAC®

REMERON®
WELLBUTRIN®

ASENDIN®
ELAVIL®
PAMELOR®
SURMONTIL®
TRIMIPRAMINE

***BRAND NAME MEDICATIONS WHICH HAVE GENERIC EQUIVALENTS AVAILABLE
WILL NO LONGER BE PREFERRED AND COVERAGE WILL EXPIRE ON 9/30/05.**

Grandfathered Medications for Which Coverage Is Expiring on 10/31/05

ANTIPSYCHOTICS

ATYPICALS
TBD -STILL PENDING
TYPICALS
MOBAN®

SERENTIL®

ANTIDEPRESSANTS

SSRI'S
LEXAPRO®
PEXEVA®

NEW GENERATION, OTHER
WELLBUTRIN XL®

PAXIL CR®
PROZAC WEEKLY®

TRICYCLICS

TOFRANIL-PM®

VIVACTIL®

ALZHEIMER'S AGENTS

CHOLINESTERASE INHIBITORS

COGNEX®

RAZADYNE®

NMDA RECEPTOR AGENTS

NAMENDA®

ANTIHYPERKINESIS AGENTS

ADDERALL®

CONCERTA®

DESOXYN®

DEXEDRINE CAPSULE SA®

DEXEDRINE TAB®

PROVIGIL®

RITALIN®

RITALIN SR®

STRATTERA®

ANDROGEN HORMONE INHIBITOR AGENTS

AVODART®

URINARY TRACT ANTISPASMOTIC AGENTS

OXYTROL®

DETROL®

INTRANASAL STEROIDS

FLONASE®

NASACORT AQ®

TRI-NASAL®